

Schedule C - Profit or Loss from Business

Name: Sample Organizer

SSN: ***-**-6789

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2018
- This business was disposed of during 2018
- Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- Yes No You filed Form(s) 1099 for the individual(s)

Income

	2018	2017		2018	2017
Gross receipts or sales	_____	_____	Other income	_____	_____
Income from Form(s) 1099-MISC	_____	_____		_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2018	2017		2018	2017
Advertising	_____	_____	Travel	_____	_____
Car & truck expenses	_____	_____	Total meals	_____	_____
Commissions & fees	_____	_____	Utilities	_____	_____
Contract labor	_____	_____	Wages	_____	_____
Depletion	_____	_____	Other expenses (list)	_____	_____
Employee benefit programs	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____
Supplies	_____	_____		_____	_____
Taxes & licenses	_____	_____		_____	_____

Cost of Goods Sold

	2018	2017		2018	2017
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method		